



BENEFIT GUIDE

Retired Fairfax County Employees

2017 Plan Year



Things to Know

- **Open Enrollment is October 3, 2016 through October 28, 2016**
- To make changes to your current elections, complete an enrollment form and return it to the Benefits Division on or before **October 28, 2016**
- While you can end your coverage at any time, the plan elections are binding unless you have a mid-year qualifying event
- Retiree Benefit Presentation with Health Fair and Flu Shots will be at the Government Center on October 3rd from 10:00 am to 2:00 pm
- Look for information on the other scheduled Benefit Presentations to arrive in your mailbox

Open Enrollment

The Open Enrollment period for County retirees will run from Monday, **October 3, 2016 through Friday, October 28, 2016**. During this period, eligible retirees may make changes in plans, levels of coverage or number of dependents covered in the County's benefits program. All changes in coverage will be effective on January 1, 2017.

The County will continue to offer the three self-insured plans managed by Cigna and the fully insured HMO plan managed by Kaiser Permanente. The information provided in this packet is designed to help you make the best selection of Medical Plans for you and your family. Please take time to fully read the information provided, make time to attend one of the Retiree Open Enrollment Benefit Presentations and contact the vendors or the benefits staff with any questions or clarifications you may need to make the right choice to meet your needs and budget.

Important Note:

Retirees and their covered dependents who become eligible for Medicare due to age or disability are required to elect and maintain Medicare Part A and Part B at their earliest eligibility. To ensure you do not lose your County medical coverage, you should apply for Medicare three (3) months before your 65th birthday or disability effective date.

What's New for 2017

All County Plans:

- For retirees under 65, diabetic medications and supplies are no cost

Kaiser Permanente:

- MotivateMe Wellness Incentive Rewards Program available for participants in the HMO plan

Group Term Life Insurance:

- Increase in age-banded rates for optional life

OAP Co-Pay Plan:

- Due to cost consideration and an effort to increase consumerism and cost visibility for participants, the Co-Pay Plan will be closed to new participants effective January 1, 2017. Retirees in the Co-Pay Plan will be able to stay in the plan for 2017 and retirees not currently in the Co-Pay Plan will be able to enroll during the upcoming open enrollment period

Offering Choice, Delivering Value

2017 Medical Plan Options

OAP 80% Co-Insurance Plan	OAP 90% Co-Insurance Plan	OAP Co-Pay Plan	Kaiser Permanente HMO
Fairfax County Medical Plans managed by Cigna			
Low premium cost. Co-insurance plan with annual deductible and 80% co-insurance for In-network services	Co-insurance plan with modest deductible and 90% co-insurance on In-network services. Features low Out-of-pocket maximum	Highest premium cost. Co-pay structure for In-network services; Co-insurance with annual deductible for Out-of-network services	Local HMO medical center based design. Co-pay structure for In-network services at centers. No Out-of-network benefits available

Group Term Life Insurance

Fairfax County Government offers reduced group term life insurance to retirees who have maintained their coverage into retirement. This coverage is provided by The Standard Insurance Company, a leading provider of both life and disability insurance across the nation. The plan provides group term life insurance (no cash value from which to borrow) and includes United Healthcare Global, a program designed to respond to most medical care situations and emergencies when traveling more than 100 miles from home.

Benefit Reductions: Coverage reduces to 65 percent of the original face value when you turn 65 or you retire, whichever comes first. It then reduces to 30 percent of the original face amount at age 70. Reductions in coverage take effect the first of the month following the reduction event. Retirees may also reduce their coverage to \$12,500. (Premiums will adjust accordingly.)

Spouse and Dependent Life Insurance: Employees who elected and maintained spouse and dependent coverage can continue that same coverage into retirement. Two dependent life insurance options are available.

Spouse life insurance cannot exceed the amount in effect for the retiree. If a scheduled reduction decreases the retiree coverage below \$15,000, the spouse life insurance will be reduced to \$10,000.

	Spouse	Child	Rate/ Month
Option 1 (Low)	\$10,000	\$5,000	\$2.64
Option 2 (High)	\$15,000	\$7,500	\$5.30

Vision Coverage

Vision insurance, provided by Davis Vision, is included for all participants who elect coverage under the County's medical program and are included in the medical premium. The plan offers a nationwide network of more than 33,000 eye care and eyewear providers, including independent optometrists, ophthalmologists and retail providers such as Vision Works and Costco. For more information, or a listing of participating providers, log onto the FairfaxNet 2017 Open Enrollment Benefits Page or contact Davis Vision. Retirees cannot elect the Davis Vision plan without a County medical plan.



Benefits at a Glance	In-Network	Out-of-Network
Routine Eye Examination (once every 12 months)	\$15 co-pay (includes eye examination with dilation, as professionally indicated)	Covered up to \$40
Frames (once every 12 months in lieu of contact lenses)	Davis Vision Designer and Premier Collection: Covered in full. (Value up to \$225). Non-Davis Vision Collection (available at all independent and retail network providers): \$150 allowance/\$200 allowance at Vision Works	Covered up to \$50
Spectacle Lenses (once every 12 months in lieu of contact lenses)		
Single Vision	Covered in Full	Covered up to \$50
Bifocal Vision	Covered in Full	Covered up to \$75
Trifocal Vision	Covered in Full	Covered up to \$100
Lenticular Lenses	Covered in Full	Covered up to \$150
Scratch Resistant Coating	Covered in Full	Included in base lens reimbursement above
Other Lens Options	Available at discounted fixed fees	Not covered
Contact Lenses (once every 12 months in lieu of eyeglasses)		
Contact Lens Materials	One pair of standard, soft daily wear; two boxes of planned replacement lenses or four boxes of disposables covered in full if from Davis Vision Formulary. Note: Number of lenses in box varies by brand. <i>Elective contact lenses outside of Davis Vision Formulary, \$150 allowance</i>	Covered up to \$100
Contact Lens Fitting Fee with Two Follow-up Visits	Covered in full after \$20 co-pay for Formulary contact lenses	Covered up to \$40
Medically Necessary Contact Lenses (with prior approval)	Covered in full	Covered up to \$225
Additional Features		
One-Year Eyeglass Breakage Warranty	Included on all spectacle lenses, Davis Vision Collection frames and retailer supplied frames	Not included
Lens 1-2-3! ® Membership	Included	N/A
Laser Vision Correction Discount	Up to 25 percent off the provider's usual and customary fees, or a 5 percent discount on any advertised special	Not covered
Low-Vision Coverage	Included	Not included

Dental Plan

Delta Dental's national PPO and Premier Networks allow access to providers who perform a range of covered services including orthodontia. Coverage varies according to services performed. The plan also includes two programs designed to encourage good oral health. The Prevention First program provides preventative care and diagnostic services that do not count against your annual maximum benefit. The *Healthy Smile, Healthy You* Program provides additional dental benefits for pregnant women and participants with diabetes and certain cardiac conditions. Additional information is available on FairfaxNet or with Delta Member Services.



Plan Benefit Design		General Plan Information		
Annual Deductible	\$50	Limit of three per family per calendar year.		
Annual Benefit Maximum	\$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.		
Orthodontic Lifetime Maximum	\$2,000	Per eligible covered dependent child.		
The amounts listed under the plan differential are the deductible and maximum benefits permitted. The in-network and out-of-network deductibles				
Coverage	In-Network		Out-of-Network	Benefit Limitations
	PPO	Premier		
Diagnostic and Preventive Care	100%	100%	80%	Exempt from the deductible. No benefit waiting period.
Oral exams and cleanings				Twice each calendar year.
Fluoride applications				Twice each calendar year under age 19.
Bitewing/vertical bitewing X-rays				Once each calendar year, limited to posterior teeth.
Full mouth/panelpipse X-rays				Limit of one each seven years.
Space maintainers				Under the age of 14.
Sealants				Under the age of 19, with limitations.
Healthy Smile, Healthy You ® Program				Pregnant, diabetic and members with certain high-risk cardiac conditions are entitled to an additional cleaning and exam.
Basic Dental Care	90%	80%	80%	Deductible Applies. No benefit waiting period.
Amalgam (silver) and composite				Retreatment only after two years from initial treatment.
Stainless steel crowns				Limited to primary (baby) teeth for participants under age 14.
Denture repair and re-cementation of crowns, bridges and dentures				Cost limited to 1/2 the allowance of a new denture or prosthesis.
Simple extractions				
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Oral surgery				Impactions and other surgical procedures.
Endontic services/root canal therapy				Repeat treatment only after two years from initial root canal therapy treatment.
Periodontics services (scaling and root planing, soft tissue and bony surgery, including grafts.)				Limitations of two to three years apply based on services rendered.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
Prosthodontics				Once every seven years, subject to age, other limitations.
Crowns				Once per tooth every seven years, subject to age, other limitations.
Implants				Subject to limitations.
TMJ non-surgical mouth guards				Subject to limitations.
Orthodontic Benefits	50%	50%	35%	Deductible applies. Only for dependents under 19.

Additional Coverage Information

Deferred Compensation

Retirees cannot continue to contribute to the program, however the plan provides a number of features that help retirees manage their accounts to provide additional income. A wide range of investment options are available — each with a differing level of risk, returns and fees. Plan design features also include financial planning services and self-directed brokerage arrangements. For more information, see the Benefits Page on FairfaxNet or contact the on-site T. Rowe Price representative at 703-324-4995.

Continuous Coverage Requirement

The County requires retirees to have continuous coverage in a Fairfax County Government (FCG) health and/or dental plan. After retirement, if you lose coverage, for any reason, there is no opportunity to reelect coverage at a later date.

The County, however, allows the coverage to be transferred from the active County government employee group to the retiree group and vice versa. Transfers to and from the Fairfax County Public Schools (FCPS) are not allowed for purposes of retaining continuous coverage, as FCPS is a separate employer.

Changing Coverage

If you experience a qualified change in family status during the plan year, you have the opportunity to change your benefit elections. Change forms must be received by DHR Benefits within 30 calendar days of the event. For a list of qualifying events, see the Benefits page on FairfaxNet. You can drop dependents or cancel coverage at any time.

Moving Out of the Area

Fairfax County Government (FCG) understands that after your years of service to the County you may wish to spend your retirement elsewhere. All of the plans offered by FCG, with the exception of Kaiser Permanente, are nationwide.

If you are covered by Kaiser Permanente and you move outside of their plan's service area, you must contact the Department of Human Resources and elect a new plan for which you are eligible. This action must be taken within 30 calendar days of your move out of Kaiser Permanente's service area.

Coverage for Surviving Spouses

Surviving Spouses of deceased retirees may continue health and/or dental insurance coverage until they remarry. Surviving children may continue their coverage until they become ineligible because of age. If a retiree or dependent with coverage dies, please contact the Retirement Administration Agency as soon as possible so that premiums can be adjusted.

Health Insurance Orders

The County is required to enroll any qualified dependent(s) listed on a valid health insurance order into the named employees county-sponsored health plan.

	CIGNA OAP Co-Pay Plan		CIGNA OAP 90%
	In Network - National	Out of Network	In Network - National
Primary Care Physician (PCP)	\$25 PCP co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Specialty Care	\$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Annual Deductible	\$0	\$250 Individual \$500 Family	\$100 Individual \$200 Family
Annual Out-of-Pocket Limit	\$2,000 Individual \$4,000 Family	\$4,250 Individual \$8,500 Family	\$1,500 Individual \$3,000 Family
Preventive Care – All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	Plan Pays 100%	Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met	Plan Pays 100%
Inpatient Hospital Facility	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Facility Services	\$50 per facility visit co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Outpatient Professional Services	Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Chiropractic Care	\$20 per visit co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year	Plan pays 90% co-insurance after plan deductible is met
Hearing Aids	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 100% Maximum benefit is \$2,800 every 36 months	Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months
Vision Therapy	Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Emergency Room	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%
Urgent Care Facility	\$50 per visit (co-pay waived if admitted); then plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%
TMJ, Surgical and Non-Surgical	\$25 PCP or \$50 Specialist co-pay; then Plan pays 100%	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Mental Health & Substance Abuse Treatment In-Patient	\$200 per admission co-pay, then Plan pays 100% co-insurance	Plan pays 70% co-insurance after plan deductible is met	Plan pays 90% co-insurance after plan deductible is met
Annual Prescription Drug Deductible	\$50 Individual Deductible \$100 Family Deductible		
Annual Prescription Drug Out-of-Pocket Limit	\$1,500 Individual \$3,000 Family		
Diabetic Supplies and Medications are No Cost for All Plans	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Retail – You pay 30% after Pharmacy Home Delivery – Not Covered	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100) Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)

Co-Insurance Plan		CIGNA OAP 80% Co-Insurance Plan		Kaiser Permanente	
Out of Network		In-Network - National	Out of Network	In-Network Only - Local	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay No charge for Children under 5	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 PCP co-pay	
\$200 Individual \$400 Family		\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$0	
\$3,000 Individual \$6,000 Family		\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$9,400 Family	
Through age 17: Plan pays 70% co-insurance, no plan deductible Ages 18 and above: Plan pays 70% co-insurance after plan deductible is met		Plan Pays 100%	Through age 17: Plan pays 60% co-insurance, no plan deductible Ages 18 and above: Plan pays 60% co-insurance after plan deductible is met	No Charge	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	No Charge	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met	\$10 visit	
Plan pays 70% co-insurance after plan deductible is met. Maximum 12 visits per year		Plan pays 80% co-insurance after plan deductible is met	Plan pays 60% co-insurance after plan deductible is met. Maximum 12 visits per year	\$15 co-pay; Annual limit 20 visits	
Plan pays 90% co-insurance no deductible Maximum benefit is \$2,800 every 36 months		Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Plan pays 80% co-insurance no deductible Maximum benefit is \$2,800 every 36 months	Covered in full to maximum. One hearing aid/ear every 36 months – maximum \$1,000	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met		
\$150 per visit (co-pay waived if admitted); then Plan pays 100%		\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted); then Plan pays 100%	\$150 per visit (co-pay waived if admitted other than for observation)	
\$50 per visit (co-pay waived if admitted); then Plan pays 100%		\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$50 per visit (co-pay waived if admitted); then Plan pays 100%	\$10 visit	
Plan pays 70% co-insurance after plan deductible is met		Not covered	Not covered	Not Covered	
Plan pays 70% co-insurance after plan deductible is met		Plan pays 80% co-insurance after deductible is met	Plan pays 60% co-insurance after plan deductible is met	Inpatient – covered in full when medically necessary Outpatient - \$10 Individual visit, \$5 Group	
\$50 Individual Deductible \$100 Family Deductible				\$0	
\$1,500 Individual \$3,000 Family				\$0	
Retail – You pay 30% after Pharmacy	Retail – 30 day supply \$7 co-pay Generic 20% Preferred Brand (max. \$50) 30% Non-preferred (max. \$100)	Retail – You pay 30% after Pharmacy	Retail – You pay 30% after Pharmacy	Kaiser Pharmacy – 30 day supply \$10 Generic \$20 Preferred brand drugs \$35 Non-preferred brand drugs	
Home Delivery – Not Covered	Home Delivery – 90 day supply \$0 co-pay Generic Maintenance Medications; \$14 co-pay Generics non-maintenance 20% Preferred Brand (max. \$100) 30% Non-preferred (max. \$200)	Home Delivery – Not Covered	Home Delivery – Not Covered	Community Pharmacy – 30 day Supply \$20 Generic \$40 Preferred brand drugs \$55 Non-preferred brand drugs Mail Order – 90 day supply \$20 Generic \$40 Preferred brand drugs \$70 Non-preferred brand drugs	

LiveWell, Fairfax County's award winning workforce wellness program focuses on improving the total well-being of our employees, retirees and their families. The program supports and encourages employees and retirees to stay active, healthy and lead a balanced life.



LiveWell supports your goals by offering:

- ⇒ Reduced membership fees at Fairfax County RECenters
- ⇒ Weight Watcher member discounts
- ⇒ Weight Watcher Diabetics program
- ⇒ Annual free on-site Flu Vaccination Clinics
- ⇒ Bi-annual Biometric Screenings
- ⇒ Annual Employee Health and Fitness Day

An Ounce of Prevention.....

The little things you do for yourself everyday go a long way toward your total well-being. Simple choices like reducing the amount of sugar and fat in your diet or taking a 15-minute walk can make a difference in your overall health.

Another way to make a difference is “Knowing Your Numbers.” Annual exams with your primary care physician supplemented with health screenings can help monitor important changes in your health. LiveWell offers free Biometric Screenings to employees and retirees twice a year, during Employee Health and Fitness Day and during Open Enrollment Season at the Benefits Fairs. You can also check your Blood Pressure while waiting to pick-up your prescriptions. If you are managing a chronic medical condition, purchase a small journal and make note of your numbers to discuss with your physician. Take a little extra time for YOU!

2017 LiveWell Sponsored Events

Throughout the year, LiveWell will sponsor a variety of events focused on fitness, nutrition, financial well-being, and alleviating stress. Here are just a few events to watch for in the coming year:

- ⇒ Monthly Webinars on a variety of topics
- ⇒ The Long Walk (Spring and Fall)
- ⇒ Online Health Challenges



MotivateMe

Total Well-Being Incentive Rewards

What is it?

MotivateMe Total Well-Being Incentive Rewards program is for eligible employees enrolled in any of the county's medical plans. This program can help you change unhealthy behaviors and begin taking healthy actions to reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you'll be earning rewards dollars for the healthy behaviors you already complete, and be encouraged to try and participate in other fun opportunities to improve your health.

Changes for the 2017 incentive program:

- *MotivateMe Total Well-Being Incentive Rewards program will now be open for eligible employees in any of the Cigna health plans as well as the Kaiser Permanente plan.*
- To begin earning rewards, you must complete your annual preventive physical exam with your primary care physician. This step earns you \$100 in rewards and opens the door to earning other rewards throughout the year.
- Once your physical has been credited to your account, you can begin logging and receiving credit for other rewards.
- Some rewards values have been changed, make sure to check the rewards values charts available on the LiveWell page on FairfaxNet.

Where do I start?

To learn more about MotivateMe and other programs through LiveWell visit the LiveWell page on FairfaxNet.

- Rewards will be tracked and logged through your health plan website, be sure to create a personal account login on your health plan's web site to track rewards throughout the year.
- You can begin earning points right away, but be sure to keep track of the dates you complete various activities, as you will be unable to self-report or see the points credited on your account until your annual physical requirement has been met.
- Tip: Complete your annual physical early to ensure there is plenty of time to earn and report awards before the program ends!

Start Earning Now...

Annual Physical

Get your annual physical with your primary care physician to start earning rewards dollars. **(Required)**

Health Assessment

Complete an online health assessment and learn about the current status of your health, get suggestions on how to improve your health and well-being, and track your changes!

LiveWell Activities

Participate in many of the online and on-site activities sponsored annually by LiveWell including webinars and workshops.

And Lots More!

Participation in health coaching, as well as completing your preventive vision and dental exams can earn you rewards dollars as well.



Medicare and More

Retirees Eligible for Medicare

Retirees who become eligible for Medicare, due to age or disability, are required to apply for and maintain Medicare Part A and Part B at their earliest eligibility and submit a copy of their Medicare card to the Benefits Division to continue their coverage under the County's health plan.

It is recommended that you apply for Medicare at the earliest opportunity, 90 days before your eligible birth month, or qualified disability date, to ensure your coverage is in effect on time. Retirees are not required to elect Medicare Part D. Retirees who do not apply for and maintain Medicare Part A and Part B coverage will not be eligible for County medical coverage.

Coordination with Medicare

If you have coverage through one of the County's plans and Medicare, each type of coverage is called a "payer". Medicare becomes the primary payer of claims and the Fairfax County Government health plan becomes the secondary "payer". When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or "primary payer" pays what it owes on your bills first and then sends the rest to the second or "secondary payer". In some cases, there may also be a third payer.

Whether Medicare pays first depends on a number of things including the situations listed in the following chart. However, please keep in mind that this chart does not cover every situation.

If...	Who Pays First
You have retiree insurance (insurance from former employment)	Medicare pays first.
You're 65 or older, have group health coverage through your or your spouse's current employer, and the employer has 20 or more employees	Your group health plan pays first.
You're 65 or older, have group health coverage through your or your spouse's current employer, and the employer has less than 20 employees	Medicare pays first.
You're under 65, disabled, have group health coverage through your or your spouse's current employer, and the employer has 100 or more employees	Your group health plan pays first.
You're under 65, disabled, have group health coverage through your or your spouse's current employer, and the employer has 100 or less employees	Medicare pays first.
You have Medicare because of End-Stage Renal Disease (ESRD) - permanent kidney failure requiring dialysis or a kidney transplant	Your group health plan pays first.

Important Notes

- The primary payer pays up to the limits of its coverage.
- The secondary payer only pays if there are costs this primary payer didn't cover up to their benefit level.
- The secondary payer may not pay all of the uncovered costs. You will still be responsible for any co-pay or co-insurance for the services in accordance with the plan.

Contact Information

Contacts	Vendor	Phone	Web
Benefits/HR Central		703-324-3311	HRCentral@fairfaxcounty.gov
OAP Plans Keisha Lewis	Cigna On-Site Rep	800-244-6224 703-324-2446	www.mycigna.com keisha.lewis@fairfaxcounty.gov
Cigna HealthSpring	800-558-9562, Monday through Friday, 8 a.m. to 8 p.m.		
HMO	Kaiser Permanente	301-468-6000	www.kaiserpermanente.org
Dental	Delta Dental of Virginia	800-237-6060	www.deltadentalva.com
Vision	Davis Vision	800-208-2112	www.davisvision.com, (client control code 4443)
Group Life/LTD	The Standard	703-324-3351	lonna.owens@fairfaxcounty.gov
Deferred Compensation Marie Canterbury	T. Rowe Price On-Site Rep	888-457-5770 703-324-4995	www.rps.troweprice.com marie.canterbury@fairfaxcounty.gov
Medicare	Medicare	800-633-4227	www.medicare.gov
Benefits Assistance	VIACAP	703-324-5851	www.fairfaxcounty.gov

2017 Subsidies

Retirees pay the full cost of health and/or dental insurance premiums. Retirees age 55 or older, or those retired on a service-connected disability, receive a monthly subsidy from the County toward the cost of a county health plan. Surviving spouses are entitled to a subsidy only if they receive a Joint and Last Survivor Benefit.

Monthly Subsidy for Retirees Ages 55-64				Monthly Subsidy for Retirees Age 65+			
Years of Service at Retirement	Subsidy Amount	2017 Supplement	2017 Subsidy Amount	Years of Service at Retirement	Subsidy Amount	2017 Supplement	2017 Subsidy Amount
5 - 9	\$25	\$5	\$30	5 - 9	\$15	\$15	\$30
10 - 14	\$50	\$15	\$65	10 - 14	\$25	\$40	\$65
15 - 19	\$125	\$30	\$155	15 - 19	\$100	\$55	\$155
20 - 24	\$150	\$40	\$190	20 - 24	\$150	\$40	\$190
25 or more*	\$175	\$45	\$220	25 or more*	\$175	\$45	\$220
*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and police officers who retired with unreduced benefits after 20 years of service				*Also includes retirees of any age who are approved for a service-connected disability retirement and covered under a county health plan and police officers who retired with unreduced benefits after 20 years of service			

2017 Health, Vision and Dental Premiums for Retirees

Cigna OAP Co-Pay Plan	Total Monthly Premium Cost (w/out Subsidy)
Individual	\$842.00
Individual with Medicare	\$580.75
2 Individuals	\$1,641.88
2 Individuals - 1 w/Medicare; 1 w/o	\$1,415.19
2 Individuals with Medicare	\$1,148.23
Family	\$2,449.99
Family - 1 Medicare	\$2,307.79
Family - 2 Medicare	\$2,150.92
Family - 3 Medicare	\$1,994.06
Cigna OAP 90% Coinsurance Plan	
Individual	\$690.98
Individual with Medicare	\$482.92
2 Individuals	\$1,357.98
2 Individuals - 1 w/Medicare; 1 w/o	\$1,174.62
2 Individuals with Medicare	\$965.83
Family	\$1,997.09
Family - 1 Medicare	\$1,863.52
Family - 2 Medicare	\$1,728.05
Family - 3 Medicare	\$1,592.59
Cigna OAP 80% Coinsurance Plan	
Individual	\$485.37
Individual with Medicare	\$331.38
2 Individuals	\$946.46
2 Individuals - 1 w/Medicare; 1 w/o	\$810.29
2 Individuals with Medicare	\$656.30
Family	\$1,412.40
Family - 1 Medicare	\$1,307.79
Family - 2 Medicare	\$1,203.23
Family - 3 Medicare	\$1,098.66
Kaiser Permanente HMO	
Individual	\$575.61
Individual with Medicare	\$299.19
2 Individuals	\$1,150.32
2 Individuals - 1 w/Medicare; 1 w/o	\$873.90
2 Individuals with Medicare	\$597.48
Family	\$1,668.82
Family - 1 Medicare	\$1,449.51
Family - 2 Medicare	\$1,173.09
Family - 3 Medicare	\$896.67
Delta Dental PPO	
Individual	\$42.74
2 Individuals	\$80.74
Family	\$133.06



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